Revision: HCFA-PM-91-4

1991

(BPD)

ATTACHMENT 2.2-A

Page 1 OMB NO.: 0938-

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Stat	e: _	Mississippi				
ROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION						
Agency* Citation(s)		Groups Covered				
The following groups a	re co	vered under this plan:				
А		andatory Coverage - Categorically Needy and Other equired Special Groups				
42 CFR 435.110	1.	Recipients of AFDC				
± .		The approved State AFDC plan includes:				
Dept. of Human Serv.		$\frac{\overline{/x}}{}$ Families with an unemployed parent for the mandatory 6-month period and an optional extension of $\underline{6}$ months.				
		$\overline{//}$ Pregnant women with no other eligible children.				
		// AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.				
		The standards for AFDC payments are listed in Supplement 1 of <u>ATTACHMENT 2.6-A</u> .				
42 CFR 435.115	2.	Deemed Recipients of AFDC				
Dept. of Human Serv.		<ul> <li>Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.</li> </ul>				

## \*Agency that determines eligibility for coverage.

TN No. 92-03	Approval Date _	4-19-93	Effective Date 1-1-92
Supersedes TN No. 90-16	Date Received	2-19-93	HCFA ID: 7983E

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State:	Mississippi	
Agency* Citation(s)	Groups Covered	
Dept. of A. Human Services	Mandatory Coverage - Categorically Required Special Groups (Continued	
	2. Deemed Recipients of AFDC.	
1902(a)(10)(A)(i)(I) of the Act	b. Effective October 1, 1990, p a work supplementation prog and any child or relative of other individual living in the such individuals) who would if there were no work supple in accordance with section 4	gram under title IV-A such individual (or e same household as be eligible for AFDC ementation program,
402(a)(22)(A) of the Act	<ul> <li>Individuals whose AFDC pay reduced to zero by reason o overpayment of AFDC funds</li> </ul>	f recovery of
406(h) and 1902(a)(10)(A) (i)(I) of the Act	d. An assistance unit deemed to AFDC for a period of four consequence the family becomes as a result of collection or in support and meets the requirement of the Act.	alendar months ineligible for AFDC acreased collection of
1902(a) of the Act	e. Individuals deemed to be rewho meet the requirements or (2) for whom an adoption agreement is in effect or for payments are being made unact.	of section 473(b)(1) assistance ster care maintenance

# \*Agency that determines eligibility for coverage.

	Approval Date	4-19-93	Effective Date 1-1-92
Supersedes TN No. 90-12	Date Received	1-27-92	HCFA ID: 7983E

Revision: HCFA-PM-91- 1991		-4	(BPD)	ATTACHMENT 2.2-A Page 2a		
	State: Miss		Mississippi	OMB NO.: 0938-		
Agency*	Citation(s)		Groups Covere	d		
	Α.		ndatory Coverage - Cat quired Special Groups	tegorically Needy and Other (Continued)		
407(b), 19		3.	Qualified Family Memb	ers (Medicaid Only)		
(a)(10)(A and 1905() of the Act	m)(1)		See Item A.10, pg 4b.			
1902(a)(52 and 1925 c the Act		4.		om AFDC solely because employment, or loss of ards entitled up to		

twelve months of extended benefits in accordance with Section 1925 of the Act. (This provision

expires on September 30, 1998.)

\*Agency that determines eligibility for coverage.

Dept. of Human Serv.

TN No. 92-03	Approval Date	4-19-93	Effective Date 1-1-92
Supersedes TN No. 87-22	Date Received	2-19-93	HCFA ID: 7983E

Revision:	HCFA-PM-91-4 1991	(B	SPD)		ATTACHMENT 2.2-A Page 3 OMB NO.: 0938-		
	State:	Mis	sissippi	<del></del>	OMB NO.: 0936-		
Agency*	Citation(s)		Gr	oups Covered			
				verage - Categoric cial Groups (Contin	ally Needy and Other nued)		
42 CFR 43 Dept. of H	5.113 5 Human Services	bed	cause of ecificall	s who are ineligibl eligibility require y prohibited under			
		a.			lely because of income be available from		
			(1)		are not legally liable for hildren under a State law ability;		
	<u> -</u>		(2)	Grandparents;			
			(3)	Legal guardians;	and		
			(4)	Individual alien s spouses of the in individual's pare			
		ъ.	involu	ntary inclusion of	lely because of the siblings who have their own in the filing		
		c.	transf	es denied AFDC be erred a resource v ate compensation.			
*Agency t	hat determines e	ligibi	lity for	coverage.			

TN No. 92-03 Approval Date 4-19-93 Effective Date 1-1-92
Supersedes
TN No. 87-16 Date Received 1-27-92 HCFA ID: 7983E

Revision: HCFA-PM-91 1991		1-4	(BPD)		ATTACHMENT 2.2-A Page 3a OMB NO.: 0938-
	State:		Mississipp	i	
Agency*	Citation(s)		Gr	oups Covere	d
	A			verage - Cat cial Groups (	egorically Needy and Other (Continued)
42 CFR 43 Dept. of H	5.114 Iuman Servic	6. es	for the in 92-336 (Ju August 19	crease in OA uly 1, 1972),	be eligible for AFDC except SDI benefits under Pub. L. who were entitled to OASDI in were receiving cash 972.
			for ca	sh assistance	who would have been eligible but had not applied in group was included in this '2 plan).
	4		for ca	sh assistance al institution group was in	who would have been eligible e in August 1972 if not in a or intermediate care facility cluded in this State's August
				ies; State di	n respect to intermediate care d or does not cover this
1902(a)(10	-	7.	Qualified	Pregnant Wo	men and Children.
(A)(i)(III and 1905(1 the Act				gnant woman ally verified	whose pregnancy has been who
Dept. of H	luman Servic	es	(1)		ligible for an AFDC cash the child had been born and with her;
*Agency t	hat determin	es eliq	gibility for	coverage.	
		ppro	val Date _	4-19-93	Effective Date
Supersede TN No.		ate R	eceived	1 27 02	HCFA ID: 7983E

Revision: HCFA-PM-92 -1 (MB)

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ATTACHMENT 2.2-A Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

COVERAGE AND CONDITIONS OF ELIGIBILITY itation(s) Groups Covered		State: Mississippi			ppi			
itation(s) Groups Covered			COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY	
	Citation(s	)				Gr	oups Covered	

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
  - 7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
    - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

\_\_\_ Children born after

(specify optional earlier date)
who are under age 19 and who would be
eligible for an AFDC cash payment on the
basis of the income and resource
requirements of the State's approved
AFDC plan.

TN No. 93-19
Supersedes
TN No. 92-03

Date Received

3-7-94

Effective Date 10-1-93

Revision: HCFA-PM- (MB)

February

ATTACHMENT 2.2-A

Page 4a

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

Mississippi

### **COVERAGE AND CONDITIONS OF ELIGIBILITY**

Citation(s)		Grann	s Covere	AND CONDITIONS OF ELIGIBIETT
Chanon(s)	Α.	Mand	atory Co	overage - Categorically Needy and Other cial Groups (Continued)
1902(a)(10)(A) (I)(IV) and 1902(I)(I)(A) and (B) of the Act		8.	income describ (B) of	ant women and infants under I year of age with family es up to 133 percent of the Federal poverty level who are ped in section 1902(a)(10)(A)(I)(IV) and 1902(1)(I)(A) and the Act. The income level for this group is specified in ement I to ATTACHMENT 2.6-A.
	<u> </u>		185 pe plan, S	ate uses a percentage greater than 133 but not more than excent of the Federal poverty level, as established in its State state legislation, or State appropriations appropriations as ember 19, 1989.
		9.	Childr	en:
1902(a)(10)(A) (I)(VI) 1902(l)(1)(C) of the Act			<b>a</b> .	who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
1902(a)(10)(A)(I) (VII) and 1902(I) (1)(D) of the Act			b.	born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.
			X	Children born after September 30, 1979, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.
				e levels for these groups are specified in <u>Supplement 1 to</u> <u>CHMENT 2.6A</u> .

TN No. <u>98-05</u> Supersedes <u>93-19</u> Approval Date 996 Effective Date 71196 Revision: HCFA-PM-91-4 1991 (BPD)

ATTACHMENT 2.2-A

Page 4b. OMB No.: 0938-

State: Mississippi

Agency\* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(l0)
(A)(i)(V) and
1905(m) of the
Act
Dept. of Human Serv.

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

\*Agency that determines eligibility for coverage.

TN No.	92-03	Approval Date	4-19-93	Effective Date	1-1-92
Superse	des				
TN No.	New	Date Receive	d 1-27	-92 <b>HCFA ID:</b>	7983E

(MB)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Miss	issippi	
	COVERAGE	AND CON	DITIONS OF ELIGIBILITY
Citation(s)			Groups Covered
	Α.		ry Coverage - Categorically Needy and Other d Special Groups (Continued)
1902(a)(10) (A)(i)(V) and 1905(m) of the Act		and mem AFD had 407	dividuals other than qualified pregnant women to children under item A.7. above who are abers of a family that would be receiving of under section 407 of the Act if the State 1 not exercised the option under section (b)(2)(B)(i) of the Act to limit the number of this for which a family may receive AFDC.
1902(e)(5) of the Act	ے	11. a.	A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6) of the Act b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

TN No. 93-19
Supersedes Approval Date 3-7-94
Effective Date 10-1-93
TN No. 92-03 pp 4b & 5 Date Received 12-8-93

Revision: HCFA-PM-92 -1 (MB)

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ATTACHMENT 2.2-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Mississippi</u>

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4) of the Act 12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

χ a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

Aged Blind Disabled

TN No. 93-19
Supersedes
TN No. 92-03

Approval Date | 3-7-94 | Effective Date | 10-1-93